CHSB VPN User Application

| Last Name: Hanchett First Name: James e-mail: james.hanchett@state.ma.us Work Phone: 413-545-2607 | | | |
|--|--|--|--|
| Address: Room N251 Morrill I, 637 N Pleasant St. City: Amherst State: MA Zip: 01003 | | | |
| Vendor ☐ State Police ☐ CHSB Staff ☐ Gun Dealer ☐ Police Department ☐ | | | |
| | | | |
| Organization: | | | |
| Amherst Drug Laboratory | | | |
| | | | |
| | | | |
| Other Servers and/or Services not listed above: | | | |
| | | | |
| | | | |
| System Configuration: | | | |
| WinNT / Win2K / WinXP / Win98/ME System RAM: | | | |
| WIIINT WIIIZF WIII99/WIESystem RAIVI | | | |
| User Information: | | | |
| | | | |
| IMPORTANT - Please follow the password guidelines below! | | | |
| The password must be at least 8 characters long and contain both letters and | | | |
| numbers. The password must also contain BOTH lower case and capital letters. | | | |
| The password IS case-sensitive. | | | |
| | | | |
| Password: | | | |
| The fellowing is to regife the side of the formula and the constitution of the fellowing is the second of the fellowing in the second of the fellowing is the second of the fellowing in the second of the fellowing is the second of the fellowing in the second of the fellowing is the second of the fellowing in the second of the fellowing is the second of the fellowing in the second of the fellowing is the second of the fellowing in the second of the fellowing is the second of the fellowing in the second of the fellowing is the second of the fellowing in the second of the fellowing is the second of the fellowing in the second of the fellowing is the second of the fellowing in the second of the fellowing is the second of the fellowing in the second of the fellowing is the second of the fellowing in the second of the fellowing is the second of the fellowing in the second of the fellowing is the second of the fellowing in the second of the fellowing is the second of the seco | | | |
| The following is to verify your identity. Examples would be a mother's maiden name, place of birth, etc. | | | |
| place of offul, etc. | | | |
| Question: Mother' Maiden Name Answer | | | |

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| For CHSB use only: | | | | |
|--------------------------|------------|--------------|--|--|
| P Address: | | Subnet Mask: | | |
| Dial-up Info: Username: | Password: | | | |
| Cert Reference Number: | Auth Code: | | | |
| AUP Acceptance: Yes / No | | | | |
| Approval: | | Date: | | |